MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9961 9 100

			AND ST	ATE DEPARTM	ENT OF HEALTH	I-BALTIMORE,	18 (195	347	11
		9355		CERTIFICA	ATE OF DEATH	i	Reg. Dist. N	0. / 6	6
1.	PLACE OF DEATH a. COUNTY	GARRETT		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA	ere deceosed lived. If institut ND b. COUNTY			sion)
	b. CITY OR TOWN (I RURAL ond give no	f outside corporate limit earest town) OAKLA		ENGTH OF STAY IN 16 5 days	II .	utside corporote limits, write l CRELLIN	RURAL and give n	earest tow	n) ×
0	d. NAME OF HOSPIT OR INSTITUTION GARRETT C	AL (If not in hospitol, g DUNTY MEMOR	ive street addre	PITAL	d. STREET ADDRESS			ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	DOR		Middle LULA	BOSLEY	4. DATE OF SEPT	nth I	Pay 1	Yeor 56
5.	FEMALE	6. COLOR OR RACE WHITE	7. MARRIED [	NEVER MARRIED DIVORCED	8. DATE OF BIRTH DEC. 29,1905	9. AGE (In years lost (birthday) 50 / yrs.	Months Days		ER 24 HRS. Min.
100	o. USUAL OCCUPATION during most of world HOUSEW	king life, even if retired	ione 10b. KIND	OF BUSINESS OR INDU	DRY FORK,	or foreign country) WEST VIRGINIA	12. CITIZEN	OF WHAT	COUNTRY
13.	GEORGE	HENRY		JONES	14. MOTHER'S MAIDEN N CHARLOTTE		SUI	MERF.	IELD
15. (Ye	. WAS DECEASED EVE es, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16. SOCI	AL SECURITY NO. 17.	INFORMANT	Add	iress ·		
		ATH [Enter only one co	#	(o), (b), and (c).]			01	ITERVAL BI	ETWEEN DEATH
	/7/X	IMMEDIATE CAUSE (o	0	AINDAM	Itasia Ev	tenous		8 m	000
	gove rise to i cause (a), stating lying cause lost.	mmediate (	Can	MANA DAN	a Ceran	6d		2 100	cho
CATION			/	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	MAL DISEASE CONDITION GI	VEN IN PART I(a)	PERF	AUTOPSY DRMED?
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRI	ED. (Enter nature of injury in F	Port I or Part II of item 18.)	F8, 18		
MEDICAL	20c. TIME OF INJUR		While		LACE OF INJURY (Home, form actory, street, office bldg., etc.		(Count	γ)	(State)
_	21. I certify th	not I offended the	deceased f	rom_April 3		ept. 11 , 1956			
	alive on Set	781	1956 har		h occurred at 5:15	ADDRESS (Street, city or town			ed abave
	PHYSICIAN'S	1. 6.71		<i>icy</i>	M.D	Mund !	vi G		Hype .
22	NAME (Type)	N, 22b. DATE THERES		MAME OF CEMETERY	OAKTAND, M	22d. LOCATION (City, town,	or-county)	Bito	te) ()
23	PUNERAL DIRECTOR	'S SIGNATURE	5 6 /	ADDRESS	OL M 1240. REC'	D BY REGISTRAR 24b. REG	STRAR'S SIGNAT	UKE	21
5	Forsta	win	7	mal	MU// CHOASE,	fee			an h

CURTIFICATE OF DEATH

registration, you are triveled to an experience angular, and page to a

BUREAU V. S.

2EP 26 1956

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- 1			
	1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE Mary Laure. COUNTY	sian)
X	b. CITY OR TOWN III ordinate corporate limits, write BUPAL c. LENGTH OF STAY IN 16 and give notices toward the state of th	c. CITY OR TOWN (If autside corporate limiter write RURAL and give hearest town	n) ×
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give speet address)		SIDENCE FARM? NO Z
	3. NAME OF DECEASED (Type or print) KATHERINE HANNA GAL	Lost 4. DATE Month Day You LAGHER DEATH Sept 2 19	1
	5. SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIED   B.	DATE OF BIRTH  7-5-13  9. AGE IN Joors IF UNDER IYEAR IF UNDER 19 Hours I Hour	R 24 HRS. Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. DIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT C	OUNTRY?
	13. FATHER'S NAME Chronse Schmidt	14. MOTHER'S MAIDEN NAME / Beins	
P	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	ancis Gallagher Intake	Pall
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	easemil adema interval between	N IH
	Conditions, if any, which (b)		
8	gave rise to immediate cause (a), stating the underlying cause last.  (c)		
0		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR	
	PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	nter nature of injury in Part I ar Part II of item 18.)	
		CE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty)	(State)
	21. I certify that I took charge of the remains described about the method for a Natural course of the remains described about the natural course of the remains described about the natural course of the natural		ind tha
	ACTUAL HOME OF DECEMBER	cide	GNED
6	EXAMINER'S THOMAS F. LUSBYM	ASSISTANT MEDICAL EXAMINER G G-22-	-56
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SUPERIOR SUPERIOR SEPTEMBER 25-1966 ST. Piter	Paul Readings chip	1-
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EMPOY BOLLING O aklownol	Md Date 7-3/56 The Transfer Signature	6

OF PROMOLAR HYDRAND TO THE METANGED STATE QUARYRAM
HYDROLD STATE OF SERTIFICATE OF SEATH

BUREAU V.

2Eb 56 1956

DECENTE

Veneral Molling Cathernal Mel

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HYATE MENCAL EXAMINER'S CENTIFICATE OF DEATH BUREAU V. S.

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9961 I 190

O DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE PEPARLMENT OF HEALTH -BANTIMORE, CERTIFICATE OF DEATH



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DECENTED

1					MARY	AND ST	ATE DEPART	MENT OF	HEALTH	I-BAL	TIMORE,	18 119	354
4.8	Š				9369 MI		EXAMINE		IFICAT	E OF	DEATH	Reg. Dist. N	10.166
should b	X	1	1.	LACE OF DEATH				2. USUAL R	ESIDENCE (WI	here decease	d lived. If institu	200	efore admission)
× 0 0	( )		-		RE   If outside corporate limits, wr	te RURAL :	. LENGTH OF STAY IN		OR TOWN (If	outside corp	orote limits, write	RURAL and give	neorest town)
Pog	2	~	Y	and give nearest tow	KE PARK		8 1100	Tr.	pnl	Cop		VILLE	- 4
y is nece lirector. les.	R	38	9%		TAL OR INSTITUTION	(If not in hospit	ol, give street oddress) MT. LAKE T	d. STREET	ADDRESS	, On	THE S	11666	e. IS RESIDENCE ON A FARM? YES NO
ny delo meral d your fil		1/4		NAME OF DECEASED (Type or print)	RHODA	rst	ANN Middle	Mcken!		4. DATE OF DEATH	3 EPT	5 00	Year 19 56
15 of 50 of	3		5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	тн		9. AGE (In years lost birthday)		R IF UNDER 24 HRS.
to the	3			F	W	WIDOWED [		JAN. 13	3 187	2	BLAFFE yrs.	Months Days	Hours Min.
deo deo		1	100	. USUAL OCCUPATI luring most of worki	ON (Give kind of work ng life, even if retired)	done 10b. KIN	ID OF BUSINESS OR IN	OUSTRY 11. BIRTH	PLACE (State o	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?
be be		1		HOUSEN	A100 Acc	Our	Y HOME	SA	RRETT	- C	0.	4.	S.A.
1, 2	1	)	13.	FATHER'S NAME	B			14. MOTHER	'S MAIDEN NA	AME	n	V	
5 6 6		/	15	WAS DECEASED EN	VER IN U. S. ARMED EX	PCES2 114 CC	CIAL SECURITY NO.	7. INFORMANT	ERIN	EH	Address	INAP,	P
ive Poge Poge		0		, no, or unknown)	(If yes, give war or dates e		CIAL SECORITI NO.	Raymo	ND /	Mek	ENZ 16	R.D. Le	MACONING.
PA3					ATH [Enter only one co	use per line for	(o), (b), and (c).]	3					ERVAL BETWEEN
an 18	3			PART I. DEA	TH WAS CAUSED BY:	, ICX	LMINAL	INCO	mon	13			2820
lter th fo		1		904,7	DUE TO	_	6		•	5/2.	1		
be in in				Conditions, if a		L PP1	1 3077	AND	0	012	199		
pend				(o), stoting the									
S. S			z	***********	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH E	HT NOT RELATED T	O THE TERMIN	JAI DISEASE	CONDITION GIV	EN IN PART I/a)	10 WAS ALITOPSY
ding"s Office		0	CATIO						O THE TERMIN	V (2 D 10 E 1 W E		2.4 114 1 744 1(0)	PERFORMED? YES NO TO
d 'pen	2		CERTIF	20g. EXTERNAL CAPRIMARY OF CO	USE WAS DITRIBUTING E	Ob. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of	how	l or Part Mg	of item 18.)	y The	es or chest
Wor		1.	SE	20c. TIME OF INJU	JRY Month, Day, Ye			PLACE OF INJURY factory, street, offic	(Home, farm,	20f. (City	ar lawn)	(County)	(Stote)
the dico	)	11	MEDI	Hour e.m.	8 31 19	S While of work	Of work	Union-	Lowe	m	r. LAnce	EY ANL (	GAMMET IN
Me Me	2			21. I certify t	hat I taak charg	e of the re	mains described	abave, held <sup>1</sup> a	n Autapsy	, In	spection 🔽,	Inquiry [	and find that
wri hief				death resulted	from: Natural	causes 🗹	Accident,	Suicide,	Homicide	, Un	determined c	ause .	
ificate,				ACTUAL SIGNATURE	(1), U	My	custner	M.D. CHIEF	MEDICAL EXA	AMINER [		1	DATE SIGNED
he cert	movol.	2		EXAMINER'S NAME (Type)	EJ. BA	in de	EXTENSIL	Inn	TANT MEDICAL EX		-/	8/6	156
ute the orwarde	0		220	BURIAL, CREMATIC	ON, 226. DATE THERE	OF 2	c. NAME OF CEMETER	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(State)
5 2 5	°		1	SEMOVAL (Specify	SEDT. 8	1956.	ST. ANNS	EMET	ERV	AxIN	TON GA	RRETT	Co. MD
VS. A15ME	F(5)	0	23.	SUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		246. REC'D	BY REGISTR	PAR 24b. REGIS	TRAR'S SIGNATI	JRE 10
5M 9/55		R		may	Muma	n, (	PANTSV	LIE, M	DATE //	0156	Julie	-41100	vanth

MEDICAL LICAMENTE'S CERTIFICATE OF DEATH BUREAU V. S. SEP 14 1956

To Hospital or Attending Physician.  The law requires that the death certificate be executed within 24 haurs after death. Page 3 ways the haspital and 24 haurs after death. Page 3 should the law remained has been signed by the attending physician and campletely filled in by the funeral direction page 3 should that bigges a signed by the attending physician and campletely filled in by the funeral direction page 3 should that be as the burial-transit permit. Then please remaye carban pages. Pages 1 and 2 and 2 and 3 the be-filled the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs, after death.	OR ATTENDING PHYSICIAN: The mode by the haspinal are attending physician of the conficulty of the conf	law requires that the death ce	hysician.	s been signed by the attending	11-transit permit. Then please	val, and in any event within 7	
	HOSPITAL nay be retain FUNERAL D age 3 shault ne registrar p	PITAL OR ATTENDING PHYSICIAN: The	nay be retained by the haspital ar attending ph	FUNERAL DIRECTOR: After this certificate has	age 3 should etached far use as the burial	he registrar prior ta burial, crematian, ar remay	

					NT OF HEALT		TIMORE,	18	1935	5 /
	. 9;	361	CERTI	FICA1	E OF DEAT	Н		Reg. Di	st. No.	66
o. COUNTY Garr	ett		MARY	11	o. SIAIE	_	b. COUNTY	ion: Residen	ce before o	dmissian)
b. CITY OR TOWN ( RURAL and give n	If autside carporate lim earest town)	its, write		IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write			town)
d. NAME OF HOSPI		ive street				re Par	k,		le. 15	RESIDENCE
OR INSTITUTION						mn				S NO NO
NAME OF DECEASED (Type or print)			Middle Call	is	Paugh	4. DATE OF DEATH	-		Day 20.	Year 1956
Female	6. COLOR OR RACE		155	-		1913	9. AGE (In years lost birthdoy) 43 yrs	Months .		
during most of wor HOUSE	ON (Give kind of work king life, even if retired	dane 10b.		R INDUSTR		_	ountry)			HAT COUNT
B. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
						lia Ll				
(es, no, or unknown)	(If yes, give war or dates of	CES? 16.	SOCIAL SECURITY NO			an orb			) 1	Md.
gove rise to i catse (o), stating lying cause lost.	the under-	:)	CONTRIBUTING TO DEA	ATH BUT NO	DT RELATED TO THE TERM	AINAL DISEASI	E CONDITION GI	VEN IN PAR	PI	VAS AUTOPS) ERFORMED?
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (	Enter noture of injury in	Port I or Port	II of item 1B.)	+	16:	I HOL
20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Ye	While	Not while	20e. PLACI foctor	E OF INJURY IHome, farr y, street, affice bldg., et	n, 20f. (City	or town)	(0	County)	(Stote
alive on /3	nat I attended the Restriction	deceas 19.1			sourced at 7 Ou 3	M, fron	the causes	and on th		
PHYSICIAN'S NAME (Type)	: E, /YA/	YCE	1 Mili		Vaces	arlum	///	one	and	-
	o. COUNTY Garr  b. CITY OR TOWN (RURAL and give n Mt. Lak d. NAME OF HOSPI OR INSTITUTION)  NAME OF DECEASED (Type or print)  SEX  Female  o. USUAL OCCUPATIN during most of worth HOUSe  FATHER'S NAME  A SA A .  WAS DECEASED EVI et. no. or unknown)  18. CAUSE OF DE. PART I. DE.  Carditions, if a gove rise to i catise (o), stoting lying cause lost.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. m. p. m. 21. I certify the alive on 13.	b. CITY OR TOWN (If autside carporate lime RURAL and give nearest town)  Mt. Lake Park,  d. NAME OF HOSPITAL (If not in hospital, gor Institution Lynn  NAME OF DECEASED (Type or print)  SEX 6. COLOR OR RACE  Female White  o. USUAL OCCUPATION (Give kind of work during most of working life, even if refired HOUSE WITE  FATHER'S NAME  ASA A. Callis  WAS DECEASED EVER IN U. S. ARMED FOR ex. no. or unknown)  18. CAUSE OF DEATH [Enter only one compared to the course of the course	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Mt. Lake Park,  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION LOCH Lynn  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  Female  6. COLOR OR RACE  White WIDOW  O. USUAL OCCUPATION (Give kind of work dane duping most of working life, even if retired)  HOUSE WITE  FATHER'S NAME  WAS DECEASED EVER IN U. S. ARMED FORCES?  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS (c)  10. TIME OF INJURY Month, Day, Year 20d. II White OR 19 or working life in the moder. Hour a. m.  P. m.  19. Other of working that I attended the decease alive on A Heart A. 19.	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Lake Park,  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LOCH LYNN  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE White Widowed Divorce Wind of work dane duping most of working life, even if retired)  O. USUAL OCCUPATION (Give kind of work dane duping most of working life, even if retired)  WAS DECEASED EVER IN U. S. ARMED FORCES?  WAS DECEASED EVER IN U. S. ARMED FORCES?  WAS DECEASED EVER IN U. S. ARMED FORCES?  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING (c)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur a.m.  p. m.  19 of work (c)  19 Jan., and that	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park,  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  MIDOCH LYNN  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NECEASED (Type or print)  NAME OF HOSPITAL (If not in hospital, give street oddress)  NECEASED (If year or hospital)  NECEASED (If year or hospital)  NOT HOME  10. SUJUAL OCCUPATION (Give kind of work dane) HOUSE WITE (If enter only one cause per line, for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  NOT HOME  18. CAUSE OF DEATH [Enter only one cause per line, for (o), (b), and (c).]  PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  NOT HOME  18. CAUSE OF DEATH [Enter only one cause per line, for (o), (b), and (c).]  PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gove rise to immediate cause (o)  NOT HOME  20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Foctor of work of work of work of work of work of otwark of work of wo	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park, 43 yrs.  Mt. Lake Or Park, 43 yrs.  Mt. Lake Or Park,  Mt. Lake Or Dark,  Mt. Lake Or Dark Or INSTITUTION LYNN  NAME OF HOSPITAL (If not in hospital, give street oddress) Or INSTITUTION LYNN  NAME OF HOSPITAL (If not in hospital, give street oddress) Or DECEASED (Type or print)  SEX  6. COLOR OR RACE White White Widow Widow Own Home  18. DATE OF BIRTH AND OF BUSINESS OR INDUSTRY Own Home  14. MOTHER'S MAIDEN Mary Lyc  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AS A A. Callis  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Was DECEASED EVER IN U. S. ARMED FORCES? (b)  OUE TO  Conditions, if ony, which gove rise to immediate couse (b) IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (b) OR CONTRIBUTING CAUSE OF DEATH (c)  120a. TIME OF INJURY Month, Day, Year Not many  121. I certify that I attended the deceased from D. Walkey Ja.  121. I certify that I attended the deceased from D. Walkey Ja.  21. I certify that I attended the deceased from D. Walkey Ja.  222. I and that death accurred at D.  223. And that death accurred at D.  224. I certify that I attended the deceased from D. Walkey Ja.  225. And that death accurred at D.  226. Time Of INJURY Month, Day, Year  127. And that death accurred at D.  228. Cause Of Injury Month, Day, Year  129. And that death accurred at D.  220. Time Of INJURY Month, Day, Year  129. And that death accurred at D.  220. Time Of INJURY Month, Day, Year  129. And that death accurred at D.  220. Time Of INJURY Month, Day, Year  129. And that death accurred at D.  220. Time Of INJURY Month, Day, Year  129. And that death accurred at D.  2200. Time Of INJURY Month, Day, Year  129. And	De COUNTY Garrett    Maryland   M	D. COUNTY GRIPETT  B. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town with RURAL and RURAL AND RURAL RUR	b. CIV OR TOWN (If outside corporate limit, write RURAL ond RURAL ond give nearest lown) Mt. Lake Park,  d. ANALE OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress) CRINTON LYNN  NAME OF DESTITAL (If not in hospital, give street oddress)  CRINTON LYNN  Mt. Lake Park,  Mt. Lake Park,  Mc. CIVY OR TOWN (If outside corporate limits, write RURAL ond Mc. STREET ADDRESS)  LOCH LYNN  Mt. Lake Park,  Mt. Lake Park,  Mc. CIVY OR TOWN (If outside corporate limits, write RURAL ond Mc. STREET ADDRESS)  LOCH LYNN  Mt. Lake Park,  Mt. Lake Park,  Mc. CALE OR DESTITAL (If not in hospital, give street oddress)  Mt. Lake Park,  Mc. CIVY OR TOWN (If outside corporate limits, write RURAL ond Mc. STREET ADDRESS (If not hospital)  Mt. Lake Park,  Mt. Lake Park,  Mc. COLY ATTENDED TO DEATH SUPPORT SERVING DISTRIBUTION OF BUSINESS OR INDUSTRY III. BIRTHPLACE (Stole or foreign country)  JOURNAL OCCUPATION (Cive kind of work done)  Mc. COLY ATTENDED TO DESTITAL (If not not work give were or dotted of work of work give were or dotted of work of work give were or dotted of work	C. COUNT GAPTETT  B. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest rown)  MT

CERTIFICATE OF DEATH

BUREAU V. S.
SEP 27 1956

VS A1S (4) 1SM 9/SS

		MARY	LAND	STATE DEP	ARTM	ENT OF H	EALTH	I-BAL	TIMORE, 1		rc.	, ,
		938	32	CERT	IFICA	ATE OF D	EATH	1		Reg. Dist.	356/ No.	66
1.	PLACE OF DEATH o. COUNTY Garrett			MAN	YLAND	2. USUAL RESID o. STATE Mary			d lived. If institution b. COUNTY	ni Residence	before admi	ssion)
	b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate lim	its, write	c. LENGTH OF STA	Y IN 1b				rate limits, write RL		e nearest tov	vn)
	Crellin			6yrs.		Crel	lin,					X
	d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, s	give street	oddress)		d. STREET AL	DRESS				ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Ollie	rst	Mae	e	Stil	es	4. DATE OF DEATH	Sept		Day	Yeor 19 56
		or or race	7. MARE	RIED NEVER MARE		B. DATE OF BIRTH	889		low birthdoy)	Months D	YEAR IF UNE	1
	u. USUAL OCCUPATION (Give	kind of work	done 10b.					or foreign co	7.5.	12. CITIZI	EN OF WHA	T COUNTRY
	during most of working life,	even if retired	)					Alta.			S.A.	. COOIVIKI
13.	FATHER'S NAME	П	1164	Own home		14. MOTHER'S	MAIDEN N	IAME		0.	DOA	
	John Willia	am Tro	out			Reb	ecca	Mooi	re			
1S. (Ye	WAS DECEASEDEVER IN U. S	. ARMED FOR		social security None		NFORMANT	T	-i - (	Addre			
						s. Paul	rew	IS,	Crellin,	Md.		
	PART I. DEATH WAS IMMEDI.		~	ne for (o), (b), ond (cerebral Va		ar Accid	lent	BELS.			onset an 4 day	D DEATH
	33/X	DUE TO	)									
	Conditions, if ony, which gove rise to immediate	• ( DUE TO		rterioscle	rosi	S					10	yrs
	lying couse lost.	-										
ATION		) (c		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART 1	PERF	AUTOPSY ORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	LYING [] E OF DEATH EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	). (Enter noture of	injury in F	Port I or Port	t II of item 1B.)		1	<u> </u>
MEDICAL	20c, TIME OF INJURY Month Hour o. m. p. m.	n, Day, Ye	ar 20d. II While at wor	NJURY OCCURRED  Nat while k ot work	20e. PLA	ACE OF INJURY IH	ome, form bldg., etc.	, 20f. (City	or town)	(Cou	inty)	(Stote)
	21. I certify that I at	ended the	decens	ed from 4/	2.846	19	to C	1/29/5	66 19	that I las	t caw the	decease
	alive on 9/29/1	6	, 12_				0:30	pM, from	n the causes ar	nd an the	dote stat	ed abave
	ACTUAL	Dan	Marie	ter tren		w.b25_A			t, Oakla			1/56
	PHYSICIAN'S NAME (Type) E. I.	Baums	yartn	er. M.D.								
22	AG11A1111 16 16 1	DATE THEREC		22c. NAME OF CEN	AETERY OF	R CREMATORY		22d. LOCAT	TION (City, town, or	county)	(Sto	ite)
22 E	AG11A1111 16 16 1	DATE THERECO		22c. NAME OF CEA	AETERY OF	R CREMATORY		22d. LOCAT	~ 771		(Sto	•

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Total Mark		
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moy be retoined b	moy be retained by the hospital or attending physicion.	
O FUNERAL DIPE	JOR: After this certificate has been signed	O FUNERAL DIPECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral direct
page 3 should	etoched for use as the burial-transit perm	page 3 shauld etoched for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 July be-filed w
the registror prior	the registrar print to hunt great of remove of a long to the registrar details	over within 72 hours ofter death

VS A15 (4) 15M 9/55

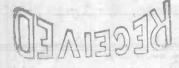
9363 CERT	TIFICATE OF DEATH
	Keg. Dist. No.
o. COUNTY	2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before admission) o. STATE b. COUNTY
CHRRETT	RYLAND O. STATE MARYLAND b. COUNTY GARRETT
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STA	AY IN 1b c. CITY-OR TOWN (If autside carporate limits, write RURAL and give nearest town)
AURAL and give nearestylown)  NURAL (ORANTSUILLE LIFE	LIDAL CRATSILLE MA
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDEDICE
OR INSTITUTION	ON A EARM? YES ON NO
NAME OF DECEASED (Type or print) EDWARD FRAME	die Last 4. DATE Month Doy Year OF DEATH SEPT 6 1957
SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVOR	RRIED   8. DATE OF BIRTH   9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. last birthday)   Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS during most of working life, even if retired)	
FARMING OWN FAR	RM ELKLICK TWF. +A U.S.H.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OZIOUS VUEIMER	ELIZEBETH PRIANT
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	NO. 17. INFORMANT WEIMER, LONGRUSSING RD ME
18. CAUSE OF DEATH [Enter only one cause per line for (a)//(b), and (	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	me jugatanans
4 de DUE TO	
Canditians, if any, which gave rise to immediate (b)	
case (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 1
20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State
Haur a. m. While Nat while	factory, street, affice bldg., etc.)
p. m. 19 at work at wark	
21. I certify that I attended the deceased from.	19 , to 19 , that I last saw the decease
alive on 99, and the	ot deoth occurred at h. M, from the causes and on the date stated abo
2 /1/ 8	ADDRESS (Street, city or town, state) DATE SIGN
SIGNATURE THE SIGNATURE	THE alsoury 19 1 Jept
PHYSICIAN'S B. H. HOKE TR	(M.D.
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	EMEJERY OR, CREMATORY 22d. LOCATION (City, town, or county) (State)
THOUAL (Specify) Sep- 10	Autolie Augustal Capacita Ma
ADDRESS ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Dans 1 4 Y Mariania Con	1 - PA
	GIFTELL DE TOATED 1910 L. Mercely

TTIME YPUNILHUS CARETT Jugge Carant where, dis MURAL CARATELIST LIFE Endling Francis Weiner Edward Con FARM En Lea Top PA USA ORIOS WEINER ELIZERETH PRIMIT PAMORESE ( EITHER, LAWRESHIP, KD 115. BUREAU V. S. 9961 81 das 1 Sign Sept 19 ST Hen's Remains Tilletium, Fryslus Mo

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	035866
1 22 1	CERTIFICATE OF DEATH Reg. I	Dist. No.
director led-with	1. PLACE OF DEATH a. COUNTY ARRIAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Resid b. COUNTY b. COUNTY	ence before admission)
be fi	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL on	give nearest town)
de d	RURAL ON GIVE NOOTEST TOWN)  RURAL OAKLAND  RURAL OAKLAND	MAX
d by the	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
filled in ges 1 onc	3. NAME OF DECEASED (Type or print) MARGARET ISABELLE WELCH. 4. DATE OF DEATH SEPT.	Day Yeor
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDI	R 1 YEAR IF UNDER 24 HRS.
S ele w	FEMALE WHITE WIDOWED   DIVORCED   OCT - 22-1878. 78775. Months	Doys Hours Min.
d completely n popers. Podeath.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSE WIFE  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  NEAR TERRA ALTAWYA	ITIZEN OF WHAT COUNTRY?
rbon rest de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
s of co	JOSEPH FEATHER JOANNA TEETS.	
ohys may haur	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no, or unknown) { (If yes, give wor or dates of service) }	METER RE-
ng h	PAUL WELCH OAKLAND	MD RT-
endi leas thin	18. CAUSE OF DEATH [Enter anly one cause per line for (0) (b), and (c).]	INTERVAL BETWEEN
w in the d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) / Francus Prumonia	ONSET AND DEATH
The The	450.0 DUE TO	/
l by	Conditions, if ony, which) (b) (VALINA Sclerace)	18 Guass
signec it pern	gove rise to immediate codes (a), stating the under-lying cause lost.  DUE TO	
sicia seen rans I, ar		ART 1(a) 19. WAS AUTOPSY
phy das by id-t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PERFORMED? YES NO
Ficate https://www.icate.html	206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
PHTSIC ol or att this certi r use as ematian	20c. TIME OF INJURY Month, Day, Year Not while Not while at work at the art work at the state of	(County) (State)
d fo	21. I certify that I attended the deceased from Dec., 22 , 1947 , to Sept., 2 , 1956 , that	last saw the deceased
Sche be	alive on Sapt. 2 19.56 , and that death occurred at Jil 10/AM, from the causes and on	
to b	ADDRESS (Street, city or town, stote)	DATE SIGNED
prior prior		rylend 9-6-56
ERAL 3 show gistror		laryland
poge poge the re	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  BURIAL SEPT 8-1956 GORINER CEMETERY NEAR OAKLA	(State) MD
	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRARY 246. REGISTRARY S	IIGNATURE .
VS A15 (4) 15M 9/55	Emry Boldin OAKLAND MD DATE 9/8/56 Julia	2 Buon

BUREAU V. S.

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directa iled wit				COUNTY Ga	rrett		MARI	<b>LAND</b>	2. USUAL RESIDENCE (W o. STATE Marylane	-	d lived. If institution b. COUNTY	on: Residence l	pefore admiss	ion)
unerol Id be fi		X	ı	CITY OR TOWN (IF RURAL ond give ned		s, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpo	prote limits, write RI			)
	r ( 800		R		L (If not in hospital, gi		address)		d. STREET ADDRESS R 1 Box 9.			. Va.		IDENCE FARM?
ed in b	4	00		NAME OF DECEASED	Firs		Middle		lost	4. DATE OF	Septem	th	,	Yeor 19 56
ely filled Pages 1			5. 9	Type or print)	Isaac		Reming		Wildesen	DEATH		IF UNDER TY		
			3. 3		6. COLOR OR RACE				oct. 3. 18	רמ	9. AGE (In years lost birthday)	Months Do		Min.
pple ers.			10-	Male		WIDOW			,		〇生 yrs.	IIO CITIZE	1 05 110147	COLLUTION
	affer death.	1	100	during most of worki	ng life, even if retired)		wn Farm	DK INDUS	Marylan	_	country)	U.S.	N OF WHAT	COUNTRY?
o u	ie.	1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
icia e co				Charle	s W. Wild	lese	n		Mary Cat	herin	e Thomp	son		
shys may	hours		15. (Yes		IN U. S. ARMED FORCE		SOCIAL SECURITY NO	). 17. IN	FORMANT		Addr	ess		
ng e	77	0		no	7.1,	2	32-62-613	L' M	rs. Dora W	ildes	en, Go	rmania	. W.	Va.
attending physician and	within			PART I. DEAT	TH [Enter only one country one country one country one country one country one country on the country one co		ne far (0), (b), and (c) PREBRULL	APP.	oplexy Ri	oht 9	arable	5.0	INTERVAL BE	DEATH
the	Ne Ne			331X	DUE TO	7	1		1			0	-	
by	ony			Conditions, if an	y, which ) (b)	66	neralized	1 OHR	terioscle	, 6021	S		15 48	967
gned b	5			gove rise to im codse (o), stoting t							200			
sit F	and			lying couse lost.	(c)	0	enility							
been si	<u>,</u>		NO O	PART II. OTH	ER SIGNIFICANT CON	OITIONS			NOT RELATED TO THE TERM			EN IN PART 1	19. WAS	AUTOPSY RMED?
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ending ph ficate has the burial	or ren		CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of injury in	Port 1 or Por	rt II of item 18.)			
erti	ion.		MEDICAL	20c. TIME OF INJURY	Month, Day, Yea		NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fare	m, 20f. (Cit	y or town)	(Cou	nty)	(Stote)
his o	DE		MED	Hour o. m. p. m.	19	While of wor		1001	ory, siteer, office blog., er	C.)				
spite er ti for	5			21. 1 certify the	at I attended the	deceas	ed from SP	1-1	1956, to S	cot	6 1956	that I las	t saw the	deceased
Aft Aft	or *			alive and EV	+ 4	19	Tor and that	death	accurred at 12:3	OAM from	m the causes a	nd on the	date State	ad abave
OR: Detoc	o D			dive digsch		1-1	and ma	deam	A) *		street, city or town,		/	ATE SIGNED
ed by	rior t	1		ACTUAL SIGNATURE	TE	37	meg	^	D. Peter	spu	ROW.		16/	56
Se retoin SERAL D 3 should	registror p			PHYSICIAN'S NAME (Type)	C. E.	Ki	ng, M. D.		Petersb	urg,	W. Va.	/	/ /	
75 0	the regi		220	BURIAL, CREMATION REMOVAL (Specify) BUP 1a1	9/8/2956		Oak Gros				ett Cou		(Stot	e)
=			23.	FUNERAL DIRECTOR'S	SIGNATURE	01	ADDRESS		24a. REC	D BY REGIS		TRAR'S SIGN		mas
S A15 (4) 5M 9/55		0/	Y	erlier	", yerd	Tile	one Oal	clan	d, Md. DATE 9	18/5	6	~~~	ZC	7

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**CERTIFICATE OF DEATH** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09359 Reg. Dist. No. stitution: Residence before admission) un Garrett rite RURAL and give nearest town) e. IS RESIDENCE ON A FARM? W. Va. YES NO Month Day Yeor ember 6, 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS. yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. mpson Address Gormania, W. Va. N GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED? YES NO T (County) (Stote)

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	district of the district of		Tarack . Spran	
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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19361)												
4 7.5		9366 CERTIFICATE OF DEATH Reg. Dist. No. 16 6													
Page 4 director, iled with		1. F	LACE OF DEATH	RETT		MARYLAN	II A STATE.	SIDENCE (WH	sere deceased	lived. If institution b. COUNTY	Residence be		ion)		
death:	X	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  OAKT,AND					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crellin							
by the f	20		OR INSTITUTION	TAL (If not in hospitol,			d. STREET	ADDRESS					FARM?		
24 hau illed in			NAME OF DECEASED Type or print)	Luther	int 'a	Jean	WILSON	ost	4. DATE OF DEATH	Mon SEP TEN			Year 1956		
s within 2 letely fills s. Pages		S. \$	EX FEMALE	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED {		тн 26, 195	56	9. AGE (In years lost birthdoy) yrs.	Months Day	AR IF UNDE			
executed and camp in paper death.	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTR during most of working life, even if retired)													
ian ar carba after		13. FATHER'S NAME  LUTHER GAY WILSON  NORMA JEAN GANK													
certifical ng physic remave 72 hours	(0)		WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give wor or dates of	RCES? 16. SO		7. INFORMANT MR. LUTHE		WITTSON	Addr N. CRELLI		LAND			
t the death the attendin Then please vent within				ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (	0)	or (a), (b), and (c).	Frac	les-	B	duchi		ITERVAL BE	TWEEN DEATH		
requires than.  I signed by sit permit.  Individual only er			Conditions, if o gove rise to i casse (o), stoting lying couse lost.	ny, which mmediate the under	b)										
he law i physicic has been rial-trans maval, a	2	CERTIFICATION	Eleft	Theete,	uderdi	except my	easible, de	ingue	on mus	alfons	EN IN PART 1(0)	PERFO	AUTOPSY PRMED?		
CIAN: 1 Itending Hificate Ite bu				AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)		BE HOW INJURY OCCL									
PHYSIK toll ar al this cert ir use as		MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Y	While	Not white at work	PLACE OF INJURY foctory, street, off	(Home, form ice bldg., etc.	, 20f. (City	or town)	(Count	7)	(State)		
NDING e haspii : After ched fo urial, c		H	21. I certify the	attended the	deceased		ath occurred a	3:20 A	M. fram	the causes a	that I last	saw the	deceased ed above		
d by the	1		ACTUAL SIGNATURE	Than &	St	but	M.D			ect, city or town,			ATE SIGNED		
retaine RAL DI should strar pri			PHYSICIAN'S CH	IARLES E. S	MITH, I	1.D.	Ter	RA ALI	A W V	/A	**********				
O HOSPITAL may be reta O FUNERAL page 3 shau the registrar		220 E	BURIAL, CREMATIC REMOVAL (Specify)	Sept.		2c. NAME OF CEMETER 56 Oakla	y or crematory nd, Md.			ion (City, town, o	Md.	(Stote	e)		
VS A1S (4) 15M 9/SS	2	23.	FUNERAL DIRECTOR	Bolde	62	oakland,	Md.	24a. REC'I	REGISTRES	PAR PURECES	TRAN'S SIGNAT	broc	van		
	P.	4	VVVV	VVXV	V			7				1			

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